IAP15 Resident A TO IV JAN 2006

MODIFIED PTD/SB/08 (08-00)
Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMS control number. Substitute for form 1449B/PTO Complete if Known **10**756478 INFORMATION DISCLOSURE Application Number Unassigned Filing Date January 17, 2006 STATEMENT BY APPLICANT First Named Inventor Philippe MSIKA Date Submitted: January 17, 2006 Unassigned 1612 Group Art Unit (use as many sheets as necessary) Examiner Name Wassigned Brian Gulledge 065691-0430 Sheet 1 1 Attorney Docket Number

	U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite	U.S. Patent Document		Name of Patentee or Applicant of Cited	Date of Publication of	Pages, Columns, Lines, Where Relevant Passages or Relevant		
	No.1	Number	Kind Code ² (if known)	Document	Cited Document Passages or Rele MM-DD-YYYY Figures Appea	Figures Appear		
			-					

					FOREIGN PATENT DOCUMENTS				ı
Examiner	Cite	Foreign Patent Document			Name of Patentee or	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant		ı
	No.1	Office ³	Number4	Kind Code ⁵ (#known)	Applicant of Cited Documents	MM-DD-YYYY	Passages or Relevant Figures Appear	T6	1
***************************************			8/47479		PHADMASCIENCE LAB at al	10/20/1998			Į.
					LIMOUSING D APPLIC BIOLOG SILA	11/19/1999		-	Ļ
									1
	Examiner Initials*	Initials* No.1	Initials No. Office3	Initials* No.1 Office3 Number4	Initials* No.1 Office3 Number* Kind Code3 (# known)	Examiner Glie	Examiner Cite Foreign Patent Document Name of Patentee or Date of Publication of Cited No.1 Offices Number* Kind Codes Applicant of Cited Documents MM-DD-YYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYYY MM-DD-YYYYY MM-DD-YYYYYY MM-DD-YYYYYY MM-DD-YYYYYYYYY MM-DD-YYYYYYY MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Examiner Citie Foreign Patent Document Name of Patentee or Other Document Pages, Columes, Lises, Where Relevant Phillips Other Other	Examiner Cic

		NON PAIENT ETERATORE DOCUMENTS	_	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), itsel of the article (when appropriate), itsel of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where publisher.	İŧ	
	A3	B. GOGLY et al., "Effects of vegetable extract from lupinus albus (Lu105) on the degradation by human leucocyte elastase and bacterial collegences of singlind collegences of		L
		63 RD ANNUAL MEETING OF THE SOCIETY FOR INVESTIGATIVE DERMATOLOGY; LA, CALIFORNIA, MAY 15-18, 2002.		l
	A4	Mohamimad SALEEM et al., "Lupeol, a triterpene, inhibits early responses of tumor promotion induced by benzoyl peroxide in murine skin", Pharmacological Research, vol. 43, nor 2, February 2001, pp. 127-134, XP002286360.		
		Triannacologica nesea cir, for 45, no. e, reordary evon, pp. 157 - 5 1, in decease.		Г
	-		_	1
			L	ı
				ı
4.	ļ		⊢	1
5 Au 1		,		
		•		1

Examiner Signature	/Brian Gulledge/	Date Considered	03/05/2010

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

*Unique cotation designation number. "See attached Kinds of U. S. Patent Documents. "Enter Office that issued the document, by the two-letter code (WIPO Standard ST.)." For Janganese patent document, the indication of the year of the regin of the Emperor must precede the serial number patent document. "Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. "Applicant is to place a check mark here if English language Translation is attached."

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time type are required to complete its form should be sent to the Chief Information Officer. U.S. Patient and Trademark Office. 0.0 NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 22131-1450.